Health Safety & Environment Department - Pre Operating Checklist - NON CLINICAL FACILITY

	Facility Name:							**Date**	**Surveyor Name**		
	Location:						**Assessment 1**				
	Site Rep:						**Assessment 2**				
	REQUIREMENTS										
	Site Condition	**Major ?**	**Met**	**Part Met**	**Not Met**	**N/A**	**Recommendations**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**
No							**Issues and Solutions Part Met/Not Met)**	**Conformance Due By 1**	**Correction Implemented**	**Conformance Due By 2**	**Correction Implemented**
1.1	**Access/Egress**										
1.1.1	Are the access areas adequate?										
1.1.2	Do all the furniture and fittings allow free access/egress? (Refer OHSAS 1800:199)										
1.2	**Electrical Safety**										
1.2.1	Are the electrical distribution systems safe and reliable to guard against shocks and hazards?										
1.2.2	Are there any defective cables, motors, fans? (Refer to DM Guideline No.9)										
1.2.3	Extension outlets are used only for temporary power supply?										
1.2.4	Power cords are kept clear of walkways										
1.2.5	Tags are used on faulty equipment										
1.2.6	Electrical panels are unobstructed										
1.2.7	Electrical power adaptors are not used										
1.3	**Ventilation and Lighting**										
1.3.1	Are ventilation & illumination in the work place adequate to ensure the safe conduct of work? (Refer to UAE Federal Ministerial Order No.32										
1.4	**Storage**										
1.4.1	Are Storage areas adequately marked?										
1.4.2	Properly arranged?										
1.4.3	Storage areas properly ventilated?										
1.5	**Housekeeping**										
1.5.1	Are areas clean and tidy?										
1.5.2	Are adequate sanitary facilities provided?										
1.5.3	Are there waste collection & disposal bins? (Refer to DM Guideline No.28)										
	2. Emergency Response	**Major ?**	**Met**	**Part Met**	**Not Met**	**N/A**	**Recommendations**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**
No							**Issues and Solutions Part Met/Not Met)**	**Conformance Due By 1**	**Correction Implemented**	**Conformance Due By 2**	**Correction Implemented**
2.1	**First Aid Boxes**										
2.1.1	Are there first aid boxes provided in accordance with No. of Employees 1-50 (1 Box) 50-250 (2 boxes), Above 50 (In each work area)?										
2.2	**Trained First Aiders**										
2.2.1	Are there trained first aiders on site in accordance with No. of Employees 1-100 (At least 1 First Aider), Above 100 (1 First Aider for every 100 employees) - Refer H&S Commission First Aid at work Approved Code of Practice L74 1997 & DM Guideline No.25										
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2.3	**Evacuation Route/Assembly Points**										
2.3.1	Are evacuation route and assembly points marked? (Refer to DHCC Emergency Preparedness & Response Procedure & Dubai Civil Defense Code of Practices)										
2.4	**Security**										
2.4.1	The operator ensures a key to the facility is provided to security for emergency purposes	**Major**									
	3. Fire Protection	**Major ?**	**Met**	**Part Met**	**Not Met**	**N/A**	**Recommendations**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**
No							**Issues and Solutions Part Met/Not Met)**	**Conformance Due By 1**	**Correction Implemented**	**Conformance Due By 2**	**Correction Implemented**
3.1	**Are the fire exit doors -**										
3.1.1	Working correctly?										
3.1.2	Unobstructed?										
3.1.3	Exit Points marked correctly?										

3.2	**Are Fire Extinguishers -**										
3.2.1	Properly located?										
3.2.2	Accessible?										
3.2.3	Location indicated?										
3.2.4	Safety pins fitted?										
3.2.5	Seals intact?										
3.2.6	Charged?										
3.3	**Fire Marshals**										
3.3.1	Are there trained Fire Marshals available?										
3.4	**Electrical Main Switch Board**										
3.4.1	Is it marked/signed?										
3.4.2	Are visible wiring/sockets/switches and appliances in good order?										
3.4.3	Is clear of extraneous materials and rubbish? (Refer to Civil Defense Code of Practice)										
	4. Health Safety and Environment Systems	**Major ?**	**Met**	**Part Met**	**Not Met**	**N/A**	**Recommendations**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**
No							**Issues and Solutions Part Met/Not Met)**	**Conformance Due By 1**	**Correction Implemented**	**Conformance Due By 2**	**Correction Implemented**
4.1	**Incidents**										
4.1.1	Are HSE Incident Records Available?										
4.1.2	Is the operator aware of duty to notify DHCC of incidents?										
4.2	**Representative**										
4.2.1	Is a HSE Representative existing? (Refer to DHCC HSE Compliance Roles & Responsibilities Procedures)										
4.3	**Responsibilities**										
4.3.1	Is the operator aware of responsibilities as per clause 3.2 DHCC HSE Policies and Guidelines?										
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	5. Health and Welfare	**Major ?**	**Met**	**Part Met**	**Not Met**	**N/A**	**Recommendations**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**
No							**Issues and Solutions Part Met/Not Met)**	**Conformance Due By 1**	**Correction Implemented**	**Conformance Due By 2**	**Correction Implemented**
5.1	**Drinking Water**										
5.1.1	Is adequate filtered drinking water provided?										
5.1.2	Are fresh water tanks, (if any), cleaned by approved cleaning company on a regular basis?										
5.2	**Eating Area**										
5.2.1	Is clean and well maintained?										
5.2.2	Proper equipment with connected services - electricity, water, drainage, etc where required?										
5.3	**Toilet Facilities**										
5.3.1	Are well lit, ventilated and separate for each sex ? (Refer to DM Guideline No 38)										
5.4	**Pest Control**										
5.4.1	Are points where pipe line/vents pass into building accessibility prevented to rodents?										
5.4.2	Are Pest Control services utilised approved by DHCC (Refer to Local Order No. 58)										
	6. Waste Management	**Major ?**	**Met**	**Part Met**	**Not Met**	**N/A**	**Recommendations**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**
No							**Issues and Solutions Part Met/Not Met)**	**Conformance Due By 1**	**Correction Implemented**	**Conformance Due By 2**	**Correction Implemented**
6.3	**Waste Storage**										
6.3.1	Having dedicated collection point?										
6.3.2	Secured and locked?										
6.4	**Waste Contractors**										
6.4.1	Having contracts with DM approved meidcal waste transport company? (Refer to DM Technical Guideline No.59)										
	7. Environmental Protection	**Major ?**	**Met**	**Part Met**	**Not Met**	**N/A**	**Recommendations**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**
No							**Issues and Solutions Part Met/Not Met)**	**Conformance Due By 1**	**Correction Implemented**	**Conformance Due By 2**	**Correction Implemented**
7.1	**Energy and Resources**										
7.1.1	Use of electricity, gas and water etc minimized?										

7.2	**Noise Pollution**										
7.2.1	Noise levels exceeding high levels of 65 db?										
7.3	**Recycling**										
7.3.1	Recycling program in place for paper, toner cartridges, etc?										
7.4	**Water Pollution**										
7.4.1	Any discharges to the drainage evident? (Refer to Local Order No. 61)										
7.5	**Ozone**										
7.4.1	Minimal use of ozone depleting substances?										
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	8. Chemicals	**Major ?**	**Met**	**Part Met**	**Not Met**	**N/A**	**Recommendations**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**
No							**Issues and Solutions Part Met/Not Met)**	**Conformance Due By 1**	**Correction Implemented**	**Conformance Due By 2**	**Correction Implemented**
8.1	**Inventory System**										
8.1.1	A Chemical Inventory System is existing?										
8.2	**Storage and Handling**										
8.2.1	Chemicals are stored and secured in a safe place?										
8.2.2	Material Safety Data Sheets Available?										
	9. Compressed Gas Cylinders	**Major ?**	**Met**	**Part Met**	**Not Met**	**N/A**	**Recommendations**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**
No							**Issues and Solutions Part Met/Not Met)**	**Conformance Due By 1**	**Correction Implemented**	**Conformance Due By 2**	**Correction Implemented**
9.1	**Safe Practices**										
9.1.1	Safe practices are used in the receival, storage, handling and usage of gas cylinders?										
9.2	**Cylinder Identification**										
9.2.1	Cylinders aree identified by proper labels or colour code?										
9.3	**Storage**										
9.3.1	Are cylinders stored in approved locations?										
9.3.2	Are non-smoking signs posted?										
9.3.3	Are prescibed safety conditions observed for Oxygen and Ethylene Oxide Cylinders? (Refer to DHCC Procedures on Compressed Gas Cylinders and DM Guideline No. 6)										
	10. Others	**Major ?**	**Met**	**Part Met**	**Not Met**	**N/A**	**Recommendations**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**	**dd/mm/yy**
No							**Issues and Solutions Part Met/Not Met)**	**Conformance Due By 1**	**Correction Implemented**	**Conformance Due By 2**	**Correction Implemented**
10.1	**Non Smoking Policy**										
10.1	A non smoking policy is in place? (Refer to DHCC HSE Policies and Guidelines)										
10.2	**Non Smoking Signage**										
10.2.1	Non smoking signage provided?										
	* Only major requirements listed.										
	Survey Notes										